

## ENTRON SECURITY SERVICES

## Daily Security Report

Client No. Client			- (		<del></del>		<del></del>	Location				Date			
Facility Defex Clock Weapon	JOSO Do Ha MATES 114/5  Detex Clock   Weapon   Holster   Nights 18th   Baignost   Stacklight								Sucgo	51	Uf)	CA	6/4	1/8	77
Equipment No.	'	Holster	Nightstick	Rai	ecoat .	Flashlight		Other 6 Afe 3	Tra	Ver KI	0,05				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Fc Shi	Del	Veac	h10	Office	r—Swing S	fel Dea	Q;		r-Grave S	hift (Name)	oko	szk	3:
and and attent model rope to	Began		8 ANAM	Ended	4 AM-99	Began		4 AM-EM Engled	, , ,	Shift began	15	(AM) PM	Ended	6	(AM)PM
Observations or actions taken	Yes	No		- Explanation		Yes	No		lanation	Yes	No	<u> </u>	Explanation	<u>о</u> .	АМУРМ
Rounds or stations missed		4						•			1	-			
Unlocked doors, gates or windows		4													
Unlocked vaults or safes		سند		,			_								
Fire-smoke-or hazards		J									-				
Extinguishers missing or defective		سوسا									ب ه	-			
2. Sprinkler system defective					· · · · · · · · · · · · · · · · · · ·						1				
3. Fire doors or exits blocked		1													
4. Rubbish accumulation		~	-												
5. Motors running		1	,	<del></del>								-			
6. Lights left burning		س	-					As requi	red		1	<del></del>			<del></del>
Injury hazards		J				<b>†</b>	_	45,090	<u></u>		1				
Visitors		)								1, ,	_	1Hua	EOD I	n 1511 (	
Trespassing						1					1,	OHM ON 51	eit. Le	MEIU	
Violation of company rules					· · · · · · · · · · · · · · · · · · ·								<i>L</i> =		
Remarks	<del></del>					<u> </u>						<u> </u>			
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			· <u>-</u> ·							· ·					
IMPORTANT: If you were ill or injured pl	lease exp	lain on 1	he reverse sid	le of this form a	nd call your su	pervisor	before le	aving this post.					<del> · · · · · · · · · · · · · · · · · · </del>		
1. Were you injured during this tour?			Day Shift Yes No	, 1. Yes N	2. Yes	No	3. Swing Yes	Shift 1.	No Yes		rave Shift es N		No 2	Yes	3. No
2. Did you suffer any illness?			Yes No	Yes No		No	Yes	No Yes	No Yes		es (N		No	Yes	No
3. Have you reported all accidents coming to	your atter	ntion?	(E) No	Yes N	Yes	No	Yes	No Yes	No Yes		es) N		No	Yes	No
	S	ignatures	Day Shift	vo Du	News		Swing		Dalle:		rave SHITT	- B	Had	300-	B.
		ignatures					2	1 -1	may	2	_ <del></del> .			3	
3	·	Signatures					3	Done		3			4391	77	
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